

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/						51			
2				/					52			
3				/					53			
4				/					54			
5				/					55			
6				/					56			
7				/					57			
8				/					58			
9				/					59			
10				/					60			
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42									92			
43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
Total Indep			2						Total Indep			
Total Depend			33						Total Depend			
Total Claims			35						Total Claims			